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ABSTRACT

Preventive services, treatment services, and community health planning for the potentially and actually handicapped young child in Switzerland, Holland, and Israel are surveyed through visits and interviews with government, public and private agencies and institutions. Regarding preventive services, maintenance and/or integration of the natural family unit is the focal emphasis in all three countries. Treatment services for handicapped preschool children extend consultation or counseling primarily to the involved parents in each nation. Furthermore, the need for coordinated planning to prevent multiplicity and overlap of services has resulted in the three countries in concentrated planning for improved community health, and attempts have been made to develop new approaches in view of the limited ability to positively influence communal living on a large scale. (LH)

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ABSTRACT

This survey has been conducted from the vantage point of

I. Preventive Services)
II. Treatment Services and) (Concerning the young child potentially and actually handicapped)
III. Community Health Planning)

in the three countries in question.

Information was obtained through visits of, and interviews with pertinent government, public and private agencies and institutions. A number of professional experts in the related fields were interviewed. In addition, pertinent documentary materials have been covered and included.

The method of presentation attempts a descriptive, analytical, and comparative evaluation of the obtained data.

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FINAL REPORT

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A SURVEY OF PRE-SCHOOL PROGRAMS FOR HANDICAPPED CHILDREN IN THREE SMALL COUNTRIES: SWITZERLAND, HOLLAND, AND ISRAEL

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This report is not in the used format for final reports submitted to the Division of Research, Bureau of Education for the Handicapped. Further, some problems were noted by reviewers with regard to content and format of the report in its present form. However, information presented herein is of potential value to persons work in the area of early childhood education; therefore, the report is deemed appropriate for submission to the ERIC Clearinghouse on ..... Early Childhood Education

INTRODUCTION

All my professional life has centered on early child development.

At first, fired on by my studies under Dr. Maria Montessori I taught and directed Settlement and Community Center Montessori kindergarten and Nursery schools. From this evolved an ever increasing concern for the physically and emotionally impeded child. Occupational Therapy training prepared the way particularly as relates to physically handicapped children. I gained much valuable experience being in charge of an O.T. department in an orthopedic children's hospital. Some further psychological studies steered me towards child guidance work, where I have been involved with families and children in therapy for the past 25 years. It is through this experience that I've become more and more convinced of the need for preventive intervention. The direct treatment approach seems to be filling a bottomless pit, never able to fully meet the demands for help. With this concern formost in mind I scanned existing preventive programs in the three countries (Switzerland, Israel, and Holland) dealing with the potentially frail and vulnerable family.

I therefore divided the survey into three distinct units:

I. Preventive Services: covering all those early childhood agencies and institutions caring for the socio-economically deprived child.
II. Treatment Services: concentrating, wherever possible, on innovative, more global or highly specialized contributions.
III. Community Health Planning: dealing with future directed projects aiming at total community involvement and participation as regards enhanced communication and intervention.

Regarding services in the three countries, I focused on quality of care, as manifested in:

1. The adequacy of staff, numerically (children-adult ratio) and professionally (staff training)
2. Kind of stimulation offered and pedagogic guidelines.
3. Time coverage (days, hours)
4. Grouping of children (quantity and age level)
5. Parent communication and involvement
6. Organizational involvement
7. Facilities

National Organization:

Daycare facilities and residential centers for potentially handicapped and handicapped children in all three countries are dependent on public financial support, partly or totally, subsidies varying from 75-100%.

The organizational influence exercized by the government differs in the three nations. In the Netherlands control is restricted to budgetary supportive level, with minimal requirements. The Dutch Ministry of Health subsidizes at a 100% rate all premises serving the emotionally impeded and or physically frail child. (According to my observation these clients represent a cross section of the low socio-economic strata of their society, no more nor less emotionally and physically labile than found in Daycare centers anywhere. The Dutch decentralization of operational control has contributed to the avalanching of services, with enormous qualitative variation both in programs and training standards.

In Israel and Switzerland all licensing requirements (regarding physical-plant-training-standards, and programs) are assumed by related Ministries.

Though most services are privately organized, in Israel they have to meet government standards. This assures registry of existing facilities and thus promotes accuracy of future surveys, pooling national needs.

In Switzerland absence of a Federal Ministry of Education interferes with effective coordination for uniform educational standards. However, their regulations are well synchronized within each c nton.

Preventive Services
Switzerland

General Observation

Switzerland has been known for the youth services extended to the low socio-economic segment of its population since the late eighteenth century, when Pestalozzi innovated organized after-school-hour-care. Having been born there, I have been aware of the day-creches and Horte, but knew them mainly as "Bewahrunganstalten", providing merely physical care. As of late, I became involved with the opening of a day-care center in our community geared to priority needs of parents with small children who have to go to work to subsist. Thus, I was interested to see what changes had been wrought in these European countries' centers, where experientally there is such a rich background.

Krippen (day Care Centers), Zurich

Training

All Krippen perform two functions - not only providing child day care, but also operating as practical training centers for "kinderpflegerinnen"*. To complete their study over a period of eighteen months, trainees observe or assist teachers in the Krippe daily and attend weekly theoretical lectures delineating physiological concerns and didactic guidelines for the creative development of children through age six. Pflegerinnen also must contractually obligate themselves for an additional year of service after receiving their diplomas.

This pragmatic instruction results in several advantages. Specifically, it alleviates the ever-present problem of inadequate staff numbers, while producing practically experienced, competent personnel. In addition contiguity and permanence of relationships for the children are ensured, especially as a result of the obligatory extra year.

Krippe Types

Internat (residential)

Immigrant children make up the large bulk of the residential clients. If the family of an immigrant worker accompanies or rejoins him, the wife must also be employed for the two years following her entry into Switzerland. The parents' working hours often include night shifts; the family lives in utterly primitive conditions. When in addition to this basic hardship, divorce or illegitimacy are involved, a permanent substitute home for the children becomes unquestionably necessary. Internat Krippen meet the need by offering room, board, and educational care every day of the year.

Externat (Day)

Although full-time institutionalization physically relieves the situation, it creates psychological problems for the children, in the form of rejection trauma, and for the parents because of jealousy of the staff and guilt feelings to their "forsaking" of their children. Sometimes a total relinquishing of personal responsibility on the part of the parents occurs. In recognition of the detrimental influence on family cohesion resulting from such residential child care arrangements, five days a week day care units (covering working hours) called "Day-Krippen" - are increasingly recommended.

* a "child caring person"; less the connotation of aide, more nearly like an "aunt", the actual name given to these paraprofessionals in Holland.

Operation:

Typically, Krippen divide children into chronological age groups, as follows:

1. Infancy through ten months (6-10ms some overlap with "Hőcklis")
2. (a) Ten through eighteen months
   (b) Eighteen months through two-and-a-half years
3. Two-and-a-half to four years (nursery school)
4. Four to six years (kindergarden)

Understaffing and Overregimentation

With increasing age, group size in most Krippen increases, but staff numbers do not, with decidedly negative results. The Adult-child ratio maintained by the Magdalenenheim (an Internat Krippe) for various age groups, epitomizes the general situation:

1. one baby nurse for each two infants
2. one Pflegerin and one student-Pflegerin for eight "Hőckli"
3. a Pflegerin and student Pflegerin for twelve nursery-school-age children
4. a kindergarten teacher and student for twenty-five four and five-year-olds

As a consequence of this age-related understaffing, quantity and quality of response to individual needs and stimulation of the child is observably best in the infants' quarters. There, nurses and aides find much time to hold, cuddle, rock, talk to and smile at the babies - with obvious results. The infants cry little and seem, as a whole, responsive, alert, and developmentally mature (that is up to crawling age).

In older groups, particularly the "Hőckli", stimulation and individual attention predictably diminishes: staff concerns itself excessively with merely physical care, cleanliness, and order; stifles self-care by performing such functions as feeding and dressing for the children en-masse; fails to provide directed gross and fine-motor stimulation; and gives the children inadequate exposure to creative materials and experiences. Consequently, the children convey an image of mental "lag". Walking and speech, for example, are generally delayed; an atmosphere of apathy prevails, or over-anxious clamoring for affection.

Of course, numerical inadequacy of personnel represents the major cause for this overregimentation and understimulation. Overburdened staff must feed, dress, bathe the children and deal with other physical aspects of living; leaving little time for preparation and encouragement of stimulative play and creative outlets. The overwhelmingly poor ratios also reduce the teachers' ability to properly control and supervise their charges. Other factors, however, also play significant roles. Quality of instruction in most institutions is such that most of the para-professional Pflegerinnen only partially comprehend the children's need for stimulation, etc. - this "comprehension gap" figures prominently with the desire to preserve time and control when Pflegerinnen feed the children instead of exploiting mealtimes to foster self-care. Another reason for excessive doing for, relates to a cultural clash. Immigrant parents send children to the Krippen in their best clothes, and staff fear damage to the clothing from self-feeding and dressing children. Finally, attempts to institute the contemporary emphasis on sensory motor stimulation and need fulfulling, meet with stolid resistance from the "old-guard", firmly entrenched in their hygience and "order for order's sake" direction.

Most Swiss centers have not established adequate parent communication. Administrators now realize the importance of this feedback and are taking steps to further it.

Crêches, Geneva

"Crêches" operate much the same way as "Krippen". Differentiating the Creche program from their German speaking counterparts are powerful cantonal legal codes, vigilantly updating operational requirements. This year an added amendment specifies that each day care center must conduct not only kindergarten classes for the four and five year olds, but also nursery school programs for the two to four year olds with a certified early child development specialist in charge.

Crêche d' Astere: -- École Jardinière:

In order to fill the demand for staff, meeting the above-mentioned standards, the Geneva Board of Education collaborated with experts from the University of Geneva (Wilson Educational Institute) to establish the only kindergarten and pre-kindergarten seminary in the canton, the "École Jardinière. This institute offers a two-year curriculum which includes the theories of Piaget, Montessori, and Decroly, awarding a kindergarten and nursery-school teaching certificate.

To provide on the job training for their students, Crêche d'Astere operates (with the ecclectic theoretical basis of the academic branch) for children six months to five years old: a baby nurse supervises the ten infants with student assistance; a kindergarten teacher, (who has taken post-certification nursery-school teaching instruction) plus two second year students, care for the fifteen six month to three year olds; while a teacher, two second-year students, and six first-year students (on an alternating basis) supervise twenty-five children aged three to five. Students also get experience in other types of early child development agencies throughout the canton.

The Crêche Program:

From time to time, an overall theme is chosen and daily sub-themes are related to it. Although thus structured, the program flexibly responds at all times to the emotional climate and needs arising from the children.

Outline of an average day's activities:

When the older children arrive, before everyone is present, they find special objects (puzzles, educational toys, dolls, cutwork, etc.) distributed on the various tables. The children may choose an object and play with it, while the teacher assists if needed and encourages "sticking with activities".

When all have come, a circle is formed for "Mise en Train" (Starter). the next ten minutes, the teacher either tells a story, performs a mimicking pantomine, or organizes a rhythmic or gymnastic exercise (in story form) to introduce the theme of the day, ending with group singing or fingerplay.

Now, over a period of about twenty minutes, comes the first principal

activity of the day, chosen from one of these groups:

1. Language development
2. Equilibrum refinement
3. Dalcroze rhythmic exercise

If the teacher chooses to develop language skills, the prepared activity may be a story with dramatic participation on the part of the children; or a demonstration with figures, plants, or animals on a stage, while the children first name what the teacher puts there and then make up their own story with the given materials, (developmental drama-like). To enrich vocabulary, the teacher would use the Montessori-Seguin method over a week-long period.*

Equilibrum refinement focuses on body integration and muscular coordination, again within the framework of stories to teach children to climb ladders and steps, balance on bars, creep through hoops, carry vases on trays without spilling, jump without jolting, in short -- learning to relate spatially. Teachers accompany the Dalcrose rhythmic exercises with the piano, as that system dictates. During their two year curriculum in addition to musical instruction (for piano), trainees intensively study Dalcroze techniques and receive rhythmic teaching certificates together with their regular diplomas.

After this major learning experience, children go outside for a brief play period, weather permitting. A group involving cognitive-perceptive stimulation, exploration of dimensions, texture, weight, smell, color, etc. follows the outdoor play. From this activity, the teacher moves on to "Traveaux Manuels", (arts and crafts) presenting the children with three different possibilities to choose from and work on for about twenty minutes. Until the end of the morning period, attention turns to singing, games, impromptu marionette show, or other light activity involving teacher and/or children.

The children eat a midmorning snack and, later, lunch (from 11:30 to 12:00). After lunch, they rest until 1:30. Their afternoon includes a walk and some repetition of morning activities, though on a much lighter and more fluid scale. In other words, major learning activities concentrate in the early hours.

Programs for the two to three-year-olds are similar, but more individualized, less structured and, somewhat experimental. This is so because the curriculum covering this age level is in the process.

Nonconstructive Behavior:

Although children are encouraged to experience with the group, teachers do not force anyone to join; in fact, children may always stop to read, paint, or just sit and observe. At any given moment, therefore, a few would not be participating but, because of the complete acceptance of this, I never witnessed any willful, destructive attention-seeking.

On the other hand, destructive acts directed at self, others, or property meet with firm limits.

*Seguin: Stage (1) "This is"....
" (2) "Give me"....
" (3) "What is this?"

Parent Communication:

The center carefully seeks and fosters contact with parents. It arranges individual parent consultation and exploits talking time available when the adults bring or pick up their children. This Creche program is non-resident and thus the clientele includes a melee of Swiss and immigrant working population.

Quality:

After observing the various age groups in action several times, and also having had to assist in judging the final practical examination of a student, I feel that the Crêche d'Astere concretely demonstrates how a substitute environment of this nature can be emotionally, socially, intellectually and developmentally meaningful and enriching, -- while at the same time invaluable in training new, competent professionals.

Pouponnieres:

The Pouponnieres of Geneva, a third form of day care, serve children zero to three years old, functioning simultaneously, as baby-nurse training centers. As the first type of center established in the Swiss-French cantons, Pouponnieres retain an old-fashioned emphasis on physiological hygiene, rather than educational progress.

These centers perform well for infants but suffer reduced effectiveness with older children. Because of the new regulations, however, they are presently revamping their curricula; they now include training time at the École Jardinière for their staff. Also they will add trained and certified nursery school teacher for their two to three year olds, on a part-time basis.

Early Kindergarten

In both Zurich and Geneva, public kindergarten starts at age four (although not compulsorily); as early as three years for some children in Zurich. Fifty percent of four year olds and ninety percent of five year olds attend in Geneva.

Besides the age range covered, the important difference from American kindergartens lies in the hours of operation. The Swiss schools operate all day, from 8:00 to 4:00, (with a break from 11:00 to 1:30 like all public schools and most businesses).

Ecole Moule:

If they so wished, Swiss parents could send their children to kindergarten for only half a day, but Genevois educators discovered that those four year olds who attended at all stayed, almost without exception the whole day, simply because their parents all worked. This discovery led to pooling such young ones from one of the densely populated working-class areas into a total building, holding four classes of twenty-two to twenty-four children aged four years exclusively.

This Ecole Moule employs staff diplomed from the Ecole Jardiniere. Even though the number of children under each adult's supervision (one adult handles each class) seems staggering on paper, there reigned impressive harmony within the groups. The sensitive, imaginative stimulation offered, and the deep concern evidenced by the young teachers for the adjustive

difficulties of some of these children due to their adverse backgrounds, account for the school's success.

The only current obstacle concerns the emotionally disturbed child. The psychopedgogic clinic* dealing with such problem children and families does not adequately provide feedback and consultation with the schools. However the clinic and educators work constantly to improve this communication and coordination.

Between-And-After-School-Hours Programs:

Para-Scolaires, Geneva

Under the supervision of the Geneva Department of Education, the "para-scolaire" program provides care for those children who stay during lunch break or whose parents do not finish their working day until after school ends. Unfortunately, at present no prerequisites for filling these care-taking position exist with often detrimental effects: for example, personnel of foreign origin who cannot adequately speak French use primitive or culturally variant approaches, and cannot offer assistance with homework. Also Gaps in time coverage exist within the school extension program. Their six o'clock closing time precedes many parents' quitting time by an hour or so. The use of regular school facilities instead of separate quarters, continues the in-school atmosphere, when a more relaxed feeling would be desirable, and desks and a paucity of storage space restrict the opportunities for play, etc.

According to the director of this program, Mademoiselle Schneider, the Department is now planning changes to rectify the problems: such as separate facilities and standardization of training requirements.

Horte, Zurich

Specific laws, legislated in 1948 and updated in 1968, determine Horte policies. The regulations minutely detail Hort personnel training requirements, renumeration, vacation, program outlines, physical setup and operationetc. Acting under the comprehensive guidelines, the Zurich School Board hires personnel and supervises premises.

Horte provide work hour coverage: seven A.M. to six:thirty p.m. daily, except Sundays, for a fee scaled according to income. Depending on the operating period, breakfast, lunch, or dinner is included.

Programs attempt to balance in - and outdoor recreational activities, art, crafts, music, reading, drama, and, for older children, assistance with homework when needed.

Language Classes, Geneva

A final extracurricular program operated in Geneva from kindergarten age on gives French language instruction to help overcome the language barrier for immigrant children. This aid(and, incidentally, para-scolaire service) is extended without charge by the Geneva Department of Education.

*Service Medico Pedgogigue: A subdivision under the Department of Education and directly linked to the University of Geneva Wilson Institute for Education.

Israel

Need - Load

Israel's needs are of overwhelming staggering nature, due to the incessant flow of immigration from all corners of the globe, stacking cultures "pell-mell" with phenomenal chasms between them regarding values and standards of living.

The country tackles every new immigration wave with an all-out effort to absorb them as fast as is humanly possible into the mainstream of self-supportive existence. The urgency of the situation precludes judgment by perfectionist "ideal" standards.

Incoming immigrants are met with adequate living accomodations; intensive language schooling; health services; and, if needed, maternal (prenatal, natal, and postnatal) clinics. Vocational guidance and rehabilitation and employment services are at their disposal.

Day care facilities in premises where women get on-the-job-training, as well as neighborhood centers for working parents, forever add and enroll children beyond their maximum quotas. When numbers get too staggering, or if there are many preschool children at large in overcrowded areas, a new center springs up to meet the need. Volunteers pitch in until regular staff can be gathered.

At no time, however, are such temporary solutions left to be. Constant vigilance is exercised in the interest of bettering conditions physically, by enlarging facilities or opening yet other new ones, and qualitatively by adding more trained staff to individualise and enrich programs. For the same reason, professional idea exchange is optimally encouraged; from every continent consultants contribute their latest psychopedagogic discoveries.

Children-Adult Ratio

In the centers, children get splendid physical care: hot meals, snacks, outdorr play, rest on cots, etc. Educationally, as much is done as is feasible. Three times a week a music specialist, (a kindergarten teacher, specially trained in music) enriches their programs. They do the best they can -- it is not good enough.

Ministry of Education standards specify thirty-five children maximum per kindergarten teacher with one aide, but of necessity these standards are disregarded. For example, a building intended for a maximum of 130 children will have 170 with forty children per group, ranging in age from two to five. When such overloads exist some regimentation is unavoidable.

On the other hand, one must keep in mind one important fact: these are almost without exception children from primitive cultural milieus (eg: Yemenites, Moroccan, Iraqie,etc)where the matter-of-fact adjuncts of Western civilized life are still unknown. For these children, such things as use of chairs, tables, eating utensils, beds, upkeep of a house, play withtoys become entrancing learning adventures. Teachers also encourage and nurture the children's innate and cultural capability for creative movement and artistic expression.

Myriad Services

In Israel, there is an incredible multiplicity of services attempting to meet the needs broadly outlined in the preceding section. Approaches are not cen-

trally directed; within Israel's political multi-party system the largest parties alone operate six hundred day care centers and five intern homes for pre-school children, every other political party produces its own share of supportive facilities. In addition to those, the "International Zionist Women's Organization-Wizo" and Hadassah, maintain numerous education, health, and child-youth services, contributing significantly to the number of institutions, child cooperative villages and day care centers for the pre-school child.

Wizo Children's Homes

Wizo operates two intern homes, one in Jerusalem and one in Tel Aviv, each housing approximately a hundred and fifty children aged newborn to six years, with funds supplied one-half by Wizo and one-half by the government. The children are social welfare cases, with many awaiting adoption or foster care placement.

The homes are patterned after the Swiss pouponnieres. They, too, act as training centers for baby-nurses with a nineteen month course (following a minimum of ten years of prior schooling).

Staff:

Personnel at each home consists of an administrative director, who must be an RN or social worker, a resident pediatrician, a consulting psychologist and the trained baby nurses, or "metapelet", of whom there are about forty. There are in addition forty student aides.

Operation:

Eight children of mixed age levels occupy a unit consisting of a bedroom and a dining room -- that is, seven units have a second room, while twelve units share a communal dining room -- under the supervision of a permanent diplomed metapelet and two student nurses and an aide each. Student nurses remain with a given unit nine months. Personnel works on eight hour shifts, but though these are long hours, rarely are all eight children there at a time.

Depending on their age, they go to kindergarten or nursery school at different times. Three separate classes are conducted in another building with outdoor playgrounds with regular kindergarten and nursery school teachers.

Psychological services are used primarily for consultation with nurses and students about problems arising with their charges, rather than on a one-to-one child-adult therapy basis.

Parents are encouraged to visit daily, and, if possible, children go home for weekends.

Baby Ward, Tel Aviv

Along with its other services, the Tel Aviv home operates the biggest premature baby ward holding up to fifty babies with the latest in equipment, funded by South Africa's Wizo. Incubators connect the infants' breathing to an automatic warning system on the outside, which sounds whenever a baby stops respiring regularly.

Experimental Wing, Tel Aviv

This year, the Tel Aviv center added a new wing which consists of a cottage unit set apart for nine children, a nurse, and three students. All live together day and night, the students continuing to live there, even after being assigned to some other work detail.

Housing and Education:

The cottage functions self-containedly. There are separate bedrooms for adults and children, a living room, kitchen, toilet, and bathroom.

Older children attend the Institution's regular nursery school and kindergarten.

Long-range Consequences:

So far, the results of this family-style solution are overwhelmingly rewarding, both as regards psychological well-being of the children and for the staff's emotional and professional satisfaction.

Its effectiveness has been so convincing, that the decision was reached to close the larger of the two homes (the Jerusalem one) in order to organize a new center consisting entirely of such units.

Wisdom of Close Ties?

One could question the wisdom of forming such close ties, realizing that this is just a temporary solution. The children live in the home anywhere from only a few months to three years.

Here it should be stated that in all instances in Israel when social orphans are dealt with, the ultimate intent aims toward reintegration and maintenance of the natural family, using social workers, therapy, etc. Only when all efforts have failed, are alternate solutions considered. Secondly, the staff has the child's needs foremost in mind: in other words, usurpation of their relationship toward owning or other overprotective moves is steered clear of, as much as is humanly possible. Frequent consultative interstaff meetings led by orthopedagogs and the child psychologist aim to abett emotional entanglements. The obviously heightened nurturing as well as more individualized need-responding possible within these 'family' units, with resultant diminished anxiety reactions and enhanced response to intellectual, emotional, social, and creative stimulation on the children's part, outweigh negative deliberation.

Lipston Home, Tel Aviv:

The Histadrut Labor Party's Pioneer Women run the Lipson Home, which is directed by Thea Loewenthal, a former German psychiatric social worker. Staff social workers attempt to reestablish possibilities for healthful family reunion for the client parents and their children, but failures run about ninety percent. Thus sixty-five children aged two to six years, from crass socioeconomically and psychologically deprived backgrounds live in this center, until for the most part adoptive or other living arrangements can be made. (2 - 3 years).

The children are divided into six groups by age, and live family-sytle with trained metapelets (one for every 3 children). Of the staff members, two metapelet remain steadily with each family unit, supervising the children whenever they are within the "family's" private domain.

Rooms:

The domain referred to in the preceding paragraph consists of a living and bedroom combination, two rooms for every "family". Dining is communal; however, the room used for that purpose can be sectioned off, to provide private dining areas if a group so desires.

Kindergarten:

The four and five year olds participate daily in a kindergarten program, while the two to three year olds attend an excellent nursery school. Much encouragement is given toward free creative expression in rhythm, music, dance, free interpretive group and individual drama, painting, art, as well as graduated sensory learning under the guidance of a kindergarten teacher with additional training in these creative areas.

Individualism:

Great pains are taken by the Lipson center to preserve the sense of idenity. The beds convert to individual small couchlike units; each child has his own little bupboard-desk for his toys and personal belongings; and uniforms are shunned.

Leaving:

Perhaps most impressive was the manner in which the staff deals with adoption. Much time is devoted to prepare the child for his new family and confront the separation to come. The child is told of the impending change, and feeling reactions and their expression are accepted and encouraged. After visiting the new home and having its family come to see him, the child is helped to make the transfer, with the doors remaining open forever. Often, the child continues school attendance for the remainder of the year.

Quality:

The imaginative nature of the program and the high human caliber of the staff guarantee happiness and security for these children. The young ones interact and relate well with adults; they are busy and self-directed, with absence of tension or anxious accelerated activity. Frequent staff meetings arranged by the director ensure guidance where needed and help iron out living problems.

Communal Child Rearing

Probably the most revolutionary of all educational and child development approaches is lived and expounded in the varied cooperative living communities such as Kibbutzim and Moshavim.

Moshavim

Cooperative schooling forms an integral part of the Moshavims' communal shared labor, however with each family living by itself as a unit. For a community stressing thus the parent's functions in guiding their children, the Moshav probably offers the best educational solution.

Kibbutzim

The kibbutz was originally conceived as the best possible functioning economic and social unit to solve the rough pioneer problems. Since both parents had to labor hard and long hours in order to subsist, child care was entrusted to a specially trained few, to ensure adequacy of care and to relieve parents from the demanding parts of child care. It was also felt that the child's world needed its unburdened freedoms, just as the adult world did. Thus, it was hoped that relational nurturing in the few hours available to each family as a unit, would be maximized. Feeding of the small children provides an outstanding example of the details which had to be considered. Little children receive their supper at four which allows

parents half an hour to rest after work before coming to fetch their children for up to three and a half hours of visitation. This arrangement, incidentally, precludes the possibility of parents overfeeding the children with valueless snacks during the visiting hour; just-fed children will not be hungry. (Psychological undercurrents both positive or negative can and do sometimes connect to this aspect.)

Political Elements.

Kibbutzim associate with three major political factions, ranging from the extreme left to the ultra-conservative. Their identification influences educational guidelines for child rearing.

Range of Viewpoints:

Some kibbutzim adhere absolutely to the communal theme: children are never put to bed by their parents; they do not stay at home at any time other than the few hours between work and the parents' supper. Others tend toward utterly flexible "free-choice", accomodation of individual parent and child needs as regards sleeping, meals, and staying with parents during off-school hours.

By personal preference, the more need-responding, adjustable kibbutzim impressed me as the more positive solution. But much depends, of course, on the parents' basic innder feeling relationship to their child and to the commune.

Current Level of Orthodoxy

A woman(co-founder of one of the older more leftist kibbutzim,)who herself is a trained youth metapelet for her kibbutz and mother of three boys, spoke of the kibbutz members' ever-vigilant attitude and reassessment of their child rearing practices. The original adherence to the separateness is now somewhat mitigated: nighttime is covered by intercom systems to parents' cottages for personal messages; early waking and putting to bed of the littlest ones is taken care of by their own mothers till they are one-and-a-half years old; the newborn baby, though placed from the star in the baby ward, is seen by his own mother during the first six weeks as often as needed; the mother is freed from duties for those six weeks.

Rigidity:

It all seemed, nevertheless, too rigid in its holding on to the status quo. It could be flexed more without the fear of losing out on cooperative communal orientation.

Concern:

Kibbutzniks, too, voice concern over the problem. Questions discussed at the annual child raising conference included: Should babies go home the first six weeks of life? Should parents put children to bed? What about the night shift metapelet's predicament of never being able to be with her husband or her family at night and in the evening? When children have nightmares, who is there to comfort them? In answer to the latter: a suggestion was raised to have parents rotate to sleep in the kindergarten units, each one week at a time.

Many changes have already taken place. This year at Shoval, for example, two metapelets are placed with the pre-schoolers (six to a unit) enhancing flexibility because it divides the burden of the physical care and thus allows for more playtime.

The Individual Child

Individual potentialities are respected and optimally nurtured. Learning is hierarchy-free: intellectual, social, perceptual, motor and creative learning are equally fostered, each child being encouraged at his own rate of maturation.

Details of Operation

Staff Training:

Metapelets are specially trained for the job at teachers' seminars for two years in developmental child psychology, child art, children's literature, creative drama, pantomine, music, rhythms, nature sutdy and other sciences. Training can be divided, so that if a mother who wants to become a metapelet, finds it only possible to allot herself three months at a time, she can do that, alternating work on the kibbutz and study at the school. In all children's units high school girls participate as aides, thus fulfilling their work assignments and gaining practical experience.

Education

Education orientation is ecclectic, Froebel-Montessori-Piaget-based, cognitive-perceptive sensory training coupled with free creative art work, but more strictly structured than Swiss programs. All little children start regular nursery from age one and a half years, on a graduated time basis.

Work

From preschool age on, children participate in the work-life of the community, thus enhancing their own self-worth. Little children begin by helping with the care of their own quarters, and having responsibility for feeding young farm animals. They begin to be included in regular work schedules from first grade on. Thus, the message to share and cooperate grows within enforced peer group life from birth on.

Overall Evaluation of Kibbutz

The impression gained generally is that these children are happy and well-integrated.

Question:

However, I did observe many times little children crying when coerced into the scheduled separation. This raised a question within me concerning the ill effects of such environmental over powering. The little child is impotent: is there not a danger that the child will insulate himself in his feelings, which might lead altogether to repressed affective response? It seemed to me that the adult-time table determines life-flow on the kibbutz more rigidly so than can be so in regular family setting.

Further Consideration

As always is the case, much depends on the individuals involved handling this situation. It would seem the little child will be able to absorb the separations in measure as the adult reacts neither overprotectively nor coldly rejectively. In fact, the child's ability to endure later frustrations might thus be meaningfully strengthened.

Root of Success

I feel the success of this system of child care stems from the unity of the adult world's strong belief in their communal life. They have their quarrels, but transcending everything a staunch loyalty binds them together, generating enough care and love to include all of their children.

Holland

Due to the incredible number of services in the Netherlands (see National Organization), I visited representative units covering as many entitities as was feasible and discussed only those approaches which added significant new dimensions.

Training:

For training of staff, there are special para-professional vocational schools, not unlike our vocational schools, which offer three year courses after completion of the eighth grade. After this instruction, the student becomes an aide and continues with night courses an additional two years in order to obtain her diploma.

Curricula for the night courses are the same as that for educators intending to go into special education for intern children. According to many professionals, it is not particularly meaningful. They feel the emphasis is on history rather than pedagogy and didactics.

Parent Contact:

Communication with parents in the Dutch centers is enhanced as compared to Switzerland due to the employment of orthopedagogs, social workers, and early child development specialists to do group - and individual - parent counseling.

Medico-Social Day Care Centers

Most novel and interesting of the preventive child day care units, the medical-social centers, exist under the auspices and subsidy of the Ministry of Health. They operate varyingly timewise, but generally cover working hours for environmentally maladjusted children. The children come mostly from low socio-economic situations where family tensions abound. Physically frail children, often with prolonged records of hospitalization are also included. Those served range in age from three to seven years, having been referred by doctors, university clinics or privately.

The centers aim to provide optimal individual care with a minimum of demands, structuring being adapted to each group's needs. The end result hoped for is to reestablish family relationships and channelize the child into regular schools. Children generally remain at the institutions from one to three years.

Kabouter House, Amsterdam

Kabouter House in Amsterdam exemplifies outstandingly physically and qualitatively the possibilities of such preventive care. Children are grouped into units - according to developmental and emotional maturity rather than by chronological age.

Buildings

Besides the main administration building, there are four small, pavilion-type buildings, with four separate units within each. The central building houses headquarters for the staff, school rooms, conference rooms, reception, and therapy rooms. Each pavilion opens unto its own playyard with sandbox and equipment.

Staff

The staff consists of a pediatrician in charge, one psychiatrist two times a week for two hours of consultation, two psychologists two hours a week each for diagnostics, a logopedist four hours a week for individual therapy, an orthopedagog to instruct staff in child developmental psych, a kindergarten teacher, leaders for each pavilion, four psychiatric social workers, and practical aides-in-training as well as certified Pflegrinnen, two for each unit. Each pavilion of four units has nine aides, as there is always an extra one on duty to substitute if needed. Also, the center plans to add an assistant for each pavilion head, to help cover absenteeism of leaders.

The leader of each pavilion has had four years of training beyohd high school at a teachers' seminary, preparing her for early child care. Aides graduate from the technical schools mentioned before at an average age of seventeen years.

Some Staff Functions:

The pediatrician as the overall head of the establishment is responsible for all decisions of an administrative nature, makes final admission decisions, and conducts the staff conferences covered in a following paragraph. The chief psychiatric social worker supervises and conducts all training functions of aides, participates in staff conferences and admissions. The other social workers are responsible for intake procedures and parent contact.

Staff Interactions:

The director of Kabouter heads an all-inclusive staff conference once every two weeks without the aides. He also conducts group encounter, dialog-type sessions once a week with one-half of the aides on a rotating basis, aiming toward self-clarification.

The chief psychiatric social worker confers twice a week with the pavilion leaders and once a week individually with each. The pavilion leaders in turn, lead conferences with their aides two times each week to discuss common problems. They also have informal conferences with individuals or just brief consultations during and at the end of each day, with all nine aides.

Operation:

Children eat, play, and rest within their own units.

Education:

Nursery school and kindergarten education are provided on a graduated time basis. For example, the three to four year olds get one hour a day of such structured activity.

Activities:

There is much outdoor play, free play, play with educational toys, creative nonstructured material are made available such as paints, clay, sand, water in each room. Some craft activity, music and rhythms are included more or less, depending on the aide's talents. Older children (five to seven year olds) do not go to sleep; they have instead brief rest periods.

Parent Orientation

The four social workers are responsible in addition to their regular duties, for leading a group of new parents through the establishment every six to eight weeks to familiarize them with the program.

Financial Problem

The prime difficulty faced by the center is the ever-present concern with finance. It is a totally publicly funded program and with this abundance of staff is an expensive operation.

The center's most impressive aspect lies in the vigilance on the part of the staff toward each other and their interactions with the children.

Rotterdam

Another medical center in Rotterdam, similar to the Kabouter House is physically less fanciful. There exists less distinct separateness of quarters: there are no pavilions, just glassed off sections for the different groups. Yet staff program-wise it operates along the same guidelines.

It offers another additional service. All children are transported in a small VW bus to and from home with always two of the group's aides riding along, to ensure the children's physical and mental security and to contact parents when necessary.

Margritte, Leyden

Still another approach to adult-child relating was Leyden's psycho-medical day care center, Margritte, under the directorship of Dr. Buchhold.

This institution is located in a huge old mansion, transformed to fit their needs. There are thirteen rooms, with thirteen groups, varying in number from two to six children. The size of the group is determined by the experience and maturity of the aide, the size of the room, and the psychological needs of the children. Each group of course has its own "Tante" (same as Pflegerin, aide, or "metapelet" elsewhere).

Collective Activity

The only truly collective activity at this center is rest time, which takes place out of doors with overhead reflective heat in winter. Outdoor play, however, is also a coordinated effort, though with only three to four groups at a time.

Staff, Conferences

Besides the pediatrician, Doctor Buchhold, there is a pediatric nurse and an orthopedagog available at all times for "on-the-spot-consulting" and observing what goes on. All doors to the outside have large glass windows to facilitate observation. At staff conferences, the leaders bring up problems in a general way, which they have discerned in the course of the week. Thus personal criticality is minimized, and constructive learning experienced.

Physical Overconcern

The professionals keep very precise charts on each child's sleep, eating, and elimination patterns. The primary drawback of Margritte would seem, in fact, to be this overconcern with physical data.

Autonomy

Perhaps the most interesting feature of the center is its autonomous leadership of the small groups. Each "Tante" is put completely in charge of her

room and children. The fact that these aides are given the trust and responsibility for the care of their children creates an atmosphere of enhanced motivation and deepened affection.

The latter achievement actually raises a "shadow" side because of the possibility that these children might feel torn in their loyalty upon return to their own families in the evening. Doctor Buchhold said that Margritte plans to add more social workers in order to handle this aspect with parents.

Ideal

The emphasis on relating at the Kabouterhouse coupled with the autonomous functioning of aides and child groupings of the Margritte center offer most promising innovation.

Theory

Dutch pedgogic direction in early child development ranges from extreme anti-authoritarianism to orthodox 'rigid system' orientation -- e.g. Montessori, Anthroposophic, etc.

Laissez-Faire

The anti-authoritarian interpretation is in vogue presently. The supporters are women's liberation oriented ("Dolleminas") parents, operating cooperative or other nurseries. They hold in common a negative, aggressively devensive anti-authority stand. Beyond this reigns total laissez-faire, with shifting of responsibility onto the children.

The parents' lack of guidance is claimed to foster freedom for creative individual expression; it reminds one of the practices in the United States of the late '30's and early 40's of which we still reap the adverse harvest today.

Ecclectic Approaches

The ecclectic schools are the most progressive in Holland today, simply because they maintain the flexibility to evaluate and absorb new thoughts (material and pedagogic). They express all that which is meaningful in existing pedagogic systems.

The Montessori Method

I would like to briefly discuss one of the educative systems which has particularly powerfully permeated all educative efforts in Holland: the Montessori Method. This approach has been revived in recent years in the United States, and also operates its own schools all over Holland under the auspices of the International Montessori Association (AMI) stationed in Amsterdam.

Theory

Montessori's overall premises incorporated into most educative thinking are as follows:

I. Life has meaning and purpose, i.e., to enhance creative living for everyone in a united world.

II. All educative efforts direct themselves to help develop each individual to his optimum potential.

A. Life is a learning process: from birth on, attaining and passing through distinct optimal maturational periods.

B. There must be no regimentalization or segmentalization of learning to destroy integrated meaningfulness.

C. All learning is of equal importance whether social, intellectual, emotional, aesthetic, creative, or practical.

Practice

When putting these theoretical considerations into action, disparity of opinion enters. For example, it is only in very recent years that children below age four years have been sent to school. Since Doctor Montessori's materials and learning experiences are designed for children from birth on, there exists an impasse in time. In many of the so called orthodox Montessori schools, this maturational developmental angle is not considered. Sensory materials for age two to three years are presented when the optimal maturational moment has passed, (remembering that these ages are of course approximations at best as the actual readiness for each maturational developmental level varies with each child). True enough, older children learn these activities nevertheless, but meaningfulness of them is diminished in that they are no longer satisfying a real growth need.

These omissions or "lost opportunities", are of prime importance, because they involve the development of intrinsic, versus extrinsic discipline. It is Dr. Montessori's contention that children learn to direct themselves through inner control in measure as they have gone through learning experiences for which they were vitally motivated and ready. It is this need direction which spurs the children to overcome frustrations unavoidable in their trial and error learning. The necessary effort of attention and concentration to achieve a task, fortifies and deepens self-control.

The purpose of building success and failure into the structure of the material (as in our programmed learning) is to keep motivation linked to the thing itself. Learning is experienced as a self-strengthening, independent of adult approbation.

That does not mean that the teacher is a merely passive bystander; to the contrary, she must be astutely vigilant. Her passivity only has to do with non-interference, as the child attempts his task. She instructs when it comes to the introduction of new materials, whenever the time is ripe. She presents materials more advanced or at the same level or at an easier level, changing over in content, however the interest of the child seems to warrant. When teaching how to proceed, she is most explicit.

Interview with Dr. Mario Montessori

At the end of our stay in Holland, after I had visited many day care centers, kindergartens, and nursery schools, etc., I spoke with Dr. Mario Montessori, grandson of Maria. Dr. Montessori is a clinical psychologist and analyst. He has raised a family of four in Dutch Montessori schools and corroborated my own impressions about the state of affairs within the Montessori movement. He said that there are about 200 Montessori schools in the Netherlands with about twenty true to the original intent. The more orthodox the setup, the more pedantically rigid the concern with technical aspects of the materials and procedures. It is not, however, the system which is antiquated or inflexible; it is the lack of spirited imaginative execution, on the part of personnel.

Recommendation

Of course, every theory stands and falls with the subjective possibilities of those translating it into practice. The criticism levied against the Monstessori system for its alleged insufficiency in creative and imaginative deployment has long since been righted. Art education, drama, music, form a vital part of the curriculum, except again not on the basis of laissez-faire, but of graduated sensory-motor preparation, allowing free creative participation according to the ability and readiness of the child.

Particularly for the earliest levels, inclusion of Montessorian principles could be most rewarding: 1) on the adult educational level Montessori-didactics -- how to meet early learning needs of small children (baby -- two and a half) could be disseminated to parents to be. 2) With the increased demand for inclusion of nursery aged children (eighteen months up) added professionals to take care of them are needed. I found that the para-professionals presently preparing for this age range are not being sufficiently impressed with the importance of maturational needs, nor how much the later response to school learning is linked to the stunting or nurturing of these needs.

Even the best ecclectic programs concentrate on the older child (above age three), and are admittedly too structuralized for younger children. Adequate knowledge to provide meaningful stimulation of the very young child is not presently deployed. I feel that Dr. Montessori's coverage of this particular period -- age eighteen months to three years -- stands unsurpassed, and much could be gained if para-professionals received explicit Montessori theoretical instruction including her practical framework of reference.

Anthroposophic Education

I would like to briefly examine one more educative approach which has left an imprint on all of Europe, the Anthroposophic movement, originated by Rudolph Steiner.

Freie School, Hague

In Holland there are several Steiner schools; I visited the Freie school in the Hague.

Theory

Its basic concept of what education means, is very similar to Montessori ideas, yet there are significant differences:

Steiner feels the import of postponing all intellectual and structural learning until physiologically and mentally "the baby teeth are in". He emphasizes the child's vulnerability, because of the diffuseness neurologically, physiologically, and emotionally, and recommends a protective environment for pre-school children, tranquilly allowing for contact with nature, giving time to unfold through play, music and generally free, creative, imitative social experiencing.

Schooling

With the entrance into school, a concentrated effort is made to keep physical and mental learning bound up together constantly. Much clapping, walking, tapping, to emphasize verbal and numerical learning is enforced. Children learn mathematics within the context of socialization

and visual concrete experiences. As an example, the teacher may ask the children to form a group of eight in front of the class, observing the children's actions without interfering. They do the sorting out and counting off, choosing who will be the eight children. This, in itself, becomes a lesson in socialization, as well as helping the teacher understand her classes social matrix.

The teacher then suggests that four equal groups be formed in the room's four corners. Correction is self-evident; the teacher lets the children finally state out loud in chorus what they now see before them: "four groups of two make eight" -- truly, mathematics in action.

Eurhythmy

Eurhythmy, a highly specialized form of dance interpretation, is taught from first grade on. The children learn a "body-alphabet", each vowel and each consonant having a specific associated motion. They then compose their own creative verbal "body-poetry" or interpret through dance prose, plays and poems.

Balance

Activities are balanced flexibly, countering socially free learning with socially binding learning. Thus, after a numerical lesson, playing of the recorders might follow -- (recorders, incidentally, which the children have made themselves) as a group "tying-in" experience.

Emphasis

The emphasis is at all times toward harmonious social living, awareness of "the other". It is for this reason that the classes are chronologically grouped, no matter what the endowment, so as to learn to appreciate each other's assets and accept each other's deficits. Thus, strengthening of spiritual values and inner directedness is sought.

Evaluation

The children do seem content and eager in learning, but in regard to eurhythmics and all verbal learning, the absolute physical accentuation (not unlike our strict behavioral conditioning approaches), I feel the borderline between channelized creative expression, short of automatated robot-like production is dangerously minute. The fact that verbal abstraction becomes the basis for underlying free creation seems to me an antithesis to their concept of body-mind integration. It puts a premium on intellectualization instead of letting feelings directly transcend into creativity. Thus, in their "Free School", a touch of adamancy emanates which seems in discord with their existential philosophy.

Therapeutic Programs and Services

In the countries visited, professionals hesitate to single out handicapped children less than four years old for direct treatment, although of course, stressing earliest possible detection. Instead, therapeutic efforts concentrate on enhancing possibilities for the afflicted child to 'outgrow' or overcome his handicap with primarily parental direction. To prepare parents for their task, therapists consult with parents of physically handicapped children or employ individual and group psychiatric counseling for parents of emotionally disturbed children.

Switzerland

Treatment Facilities For Physically Handicapped Children (Public)

Oertliheim, Wollishofen, Zurich

In 1968, the Zurich school system created a special program for children with cerebral palsy between the ages of three and eighteen years.

Admissions:

The institute accepts mainly the severely afflicted, including non-ambulatory cases, placing most minimal CP cases in regular kindergartens. As far as the institute can determine, the children admitted are at least average in intelligence.

Facilities:

Three large rooms with adjoining balconies serve the three preschool age groups: five children aged three to four years; five four and five year olds; seven five to seven year olds. The total school layout is magnificent -- (see floor plan copy in appendix).

Staff:

Three kindergarten teachers with post-graduate training in the Bobath method conduct the three classes. Speech, physio-, and occupational therapists offer daily individual help, approaching the child through play and continuously consulting with each other and thus coordinating efforts.

Approach:

The Oerthliheim kindergarden program fosters muscular reeducation through planned and graduated manual activities, arts and crafts projects and sensory training. Use of special materials permits adaptation to variations in reach range. Every effort directs itself at deepening the children's capacity for concentration in order to prepare them for the elementary grades. Free, creative activities balance work periods.

Quiet recognition and acceptance of limitations are the rule. Students are naturally encouraged and assisted with learning attempts. The total program manifests unprecedent excellence; like institutions will be organized throughout the canton.

Sprachheil Kindergarten Pavilion Egg

A few years ago, the Department of Education in the Canton of Zurich initiated a therapeutic kindergarten program for children with speech defects. Now, all children entering public kindergarten undergo developmental screening. Suspicion of speech impediment results in further

diagnostic testing, but then the child is placed within a regular kindergarten class, to determine whether the difficulty can be overcome spontaneously. In case of severe speech disturbance, or if no progress has occured after a year of normal school, the child is referred to a nearby Sprachheil kindergarten for a year.

Staff

Each class of no more than twelve students is led by a diplomed kindergarten teacher with specialization in orthopedagogy and extensive training in remedial speech education. A university diplomed logopedist participates with daily individual sessions ten minutes each, plus individual parent consultation once every two weeks, thus coordinating home and school efforts.

Operation:

So that they can plan daily therapeutic exercises directed at individual deficiencies, teachers thoroughly familiarize themselves with the syndromes of each child under their supervision. Exercises involve everyone; at no time does the educator single out one child for his specific speech training activity. Rather, the person in charge subtly pays attention to that child for whom she chose a given activity in order to ensure that he derives the most benefit from it.

The Sprachheil kindergarten present the remedial exercises always in diverse play forms: e.g. blowing practice may require two teams, to keep a cotton ball suspended in the air between them, or students might use their breath to guide tiny cars through obstacle courses. Tongue exercises could well begin with the children standing in front of a full-length mirror curtained from their shoulders up. After opening the curtain (as if exposing a stage), they dramatize simple stories the teacher invents: the mouth, perhaps, is a barndoor which they must open to let the haywagon (tongue) come out, but perhaps the haywagon, overloaded, gets stuck against the roof, etc.

Though so highly specialized in content, the school functions much like a regular kindergarten. To augment the normalcy of the setting these kindergardens are placed within walking distance of regular ones and do exchange visits during the year.

Observing throughout the morning the children seemed relaxed and happy, participating interestedly and challenged. At first initiated on a trial basis as a demonstration project, the program achieved such success that now the Zurich public school system fully subsidizes it, with more such kindergartens being established throughout the canton.

Service Medico Pedagogique, Public, Geneva

The Service Medico Pedagogique, a subdivision of the Geneva Department of Education, supervises all public school-connected services and treatment programs for the physically and mentally handicapped child. Two major departments constitute the Institute, one concerning itself with mental retardation and physical handicaps, the other with adjustive difficulties.

Montbrillant, Geneva School for the deaf: Both intern and extern.

The Service Meidco Pedagogique -- SMP -- directs all public school-related

services for physically handicapped children. SMP medical specialists, logpedists audiologists, and psychologists work as a team to precisely determine the nature of affliction.

If diagnosis clearly indicates a speech and hearing deficiency, the SMP staff refer the child to Montbrillant, a public residential school for deaf-mutes for four to twelve years old. In the event of diagnostic uncertainty, the child enters one of the Montbrillant kindergarten units for two to six months of observation.

Until their child may attend the school, parents receive guidance for rehabilitative education. SMP also offers corrective consultation to parents of children whose apparent handicap stems from the confusion of a bilingual background.

Montbrillant's own kindergarden staff consists of a logpedist, psychologist and ortho-kindergarten teacher. At the end of each child's initial observation the SMP and Montbrillant staff offer a joint prognosis and recommendation for optimal developmental stimulation for each child.

Treatment Facilities For Emotionally Disturbed Children

Referrals to the SMP Mental Health Division

Schools send children to the Service Medico Pedagogique because of behavioral or learning problems. Lately, increasing numbers of young children are either brought in by parents themselves or referred by pediatricians or nursery school teachers.

Staff

Psychiatrists, analytic psychologists, logopedists, psychomotor reeducators, and diplomed psychologists (and social workers) function in team units. Under supervision, students interning in the various fields also take part in rehabilitation.

Method

The Institute maintains a clear distinction between those who may engage in psychotherapy and those who conduct remedial pedagogic reorientation. Only psychiatrists and licensed analysts are permitted to psychotherapy, while psychologists perform diagnostic testing and evaluation or supervise remedial learning therapy.

This differentiation seemingly becomes a mere artifact of semantics; Certainly American child guidance clinics would consider pedagogic rehabilitative efforts inseparable from regular therapeutic case work.

The total team concerns itself with each individual case and participates as a whole in the rehabilitative effort, although depending on the diagnosis one or more specialists might carry a greater work load than the others. Frequent staff conferences ensure coordination of cooperative efforts. The realistic confrontation of a learning deficit or behavioral problem by such a diversified team proves significantly advantageous. First, it counters one-sided interpretations. Further, effectiveness increases as a result of the multidisciplinary approach to a solution.

Psychomotor Reeducation:

The new field of psychomotor reeducation evolved from the postulates and

research findings of Professor Ajarugeria, and from didactics of the Dalcroze rhythmic system.

Training

The Institute for Science of Education (University of Geneva) and the Service Medico Pedagogique cojointly operate a three year course preparing psychomotor reeducators aged twenty through thirty-five years.

Goals and Means

Psychomotor reeducation attemtps body integration with children who display motor imbalance, whether based on organic neurological impairment or on psychological maladjustment. This therapeutic technique aims to aid:

1. The clumsy child who cannot coordinate his movements, expending too much energy for the actions he undertakes.
2. The overly impulsive, extremely agitated child.
3. The inhibited child, inhibited in motion, ill at ease physically.
4. The child who does not apprehend his own body or has a fragmented body feeling, and consequently evidences spatial and temporal disorientation.

The theory consists of a combination of pedagogic, psychological, and muscular considerations, implemented through movement: play activity, rythmics and gymnastics. In the course of instruction, materials used include: balloons, balls, scarves, hoops, seesaws, wooden rails, wooden boards, mats. Music accompanies the activities as it helps the child to restrain or accelerate his own rhythm in order to direct his energy and organize his movement. The programs usually take place in a spacious room to aid movement exploration.

Reeducative progress may be classified into graduated stages:

1. Making the child feel comfortable with his body -- balancing tension and relaxation. Small children experience physically pleasant contact with the adult, such as tickling, rocking on mats, catching or receiving the child, all in imaginative play form.
2. Reeducators help the child to use his own body adroitly and to differentiate spatially, (as between left and right in relation to his own body axis.)
3. Structural relations develop: horizontal and vertical, including time in the form of rhythm and association with the verbal symbols.
4. Finally, group and team work dominate to foster socialization.

Specific Public Programs

"LaPetite Ourse", Geneva

"LaPetite Ourse" school of Geneva serves as an observation center for school-referred behavioral problem children, seven to fourteen years old, of normal intelligence, from widely varying backgrounds. Five SMP clinics dispersed throughout the canton serve as screening and referral agents.

Admissions

The SMP and La Petite Ourse staff review applications. Acceptance depends

on age, nature of problem, and the balance of existing groups in the school. For the most part, the children come from low socio-economic immigrant backgrounds, where crude environmental and familial tensions exist, depriving children of emotional nurturance and material security.

Staff:

The Staff consists of two consultant psychiatrists; one full-time logopedist, a full time psychologist; one psycho-motor re-educator (four-and-a-half days a week;) a social worker; four teachers, each responsible for a class of twelve children; and three social work school-trained para-professional aides, who supervise the children's mealtimes, play, workshop and individual work.

Approach

La Petite ourse strives to (gradually) reintegrate the child into normal schools, usually accomplishing this end after a one to three year stay. Next door, a connected school with larger classes serves as an intermediary step to regular school life. Children who 'graduate' to the intermediate setting, return to La Petite Ourse for meal and study times. All in all, the weaning process progresses at a gradual pace.

Scheduling more fluidly and less academically than ordinary schools, the two adjoining institutions concentrate on intellectual subjects, interspersed with psychomotor re-educati in the mornings. Afternoons are devoted to manual orientation, workshops, arts and crafts, physical training programs, and outdoor play. Though the total orientation addresses itself to the group, of course, teachers respond vigilantly to individual needs.

Interstaff Communication and Coordination

Four times a week, the entire staff attends staff conferences. The meetings concern case presentations by one of the teachers and his educational aide on a rotating basis, to that each child gets a screening in the course of the year.

Every two weeks, all the children, teachers, and aides meet to informally discuss their interactions.

Parent Contact:

Parents come to the school for orientation sessions before placing their child. One month after the child's entrance into school, parents convoke to discuss and resolve common problems and concerns. From then on the teacher conducts regular group meetings with her charges' parents. The Social Workers and psychiatrists conduct further parent consultation.

Schulerheim Ringlikon, Zurich

In Zurich, the public school-operated Schulerheim Ringlikon, though similar in intent to La Petite Ourse, differs in operation. This residential therapeutic school home for disturbed children of average intelligence pursues two separate objectives:

1. It serves as an observation center for school children with learning or adjustive difficulties where regular diagnosis proves inconclusive.

2. It offers a temporary home to severely deprived children with serious psychological or developmental problems.

Staff

In charge of each ten child family-unit are two orthopedagogs. Psychiatrists, psychologists, logopedists, and occupational therapists round out the program.

Operation:

1. Children placed in Ringlikon for observation remain in the school over a period from three to six months, solely to clarify educative and psychological directives for their future placement. During this observation period, no home visits are allowed.

2. Intensive therapy for the severely disturbed child involves the child and his parents both together and individually. Every weekend the child returns home to his own family as therapy aims at reintegration of the family as well as reentry into normal or specially suited classes.

Individual Psychotherapeutic Projects

Psychosomatic Unit, Zurich

Dr. Weber, child psychiatrist in Zurich, currently heads the psychosomatic unit of the Zurich children's hospital. He has written and published a children's story to prepare his patients for hospitalization without fear.

He plans to open a psychosomatic wing for only the most severely afflicted psychosomatic patients, believing in dispersion of milder cases among regular sick children. Children in the unit will be involved daily in individual play (therapy) occupational therapy, as well as special educational sessions.

Parents will participate in group - rather than individual therapy. It is hoped the exploring of their common problems will prove supportive and assuage guilt reactions.

Clairival, Geneva

Doctors A. and F. Jaeggi, a psychiatric couple employed at SMP, co-direct Clairival, a day hospital for psychotic children. The hospital, a transformed suburban vi la surrounded by large, beautiful wooded grounds, admits twelve to fifteen children aged two to eight years for stays generally of one year or more.

Staff:

Aside from the psychiatrist-directors, orthopedagogs, pediatric nurses with specialization in child psychiatry, social workers, clinical psychologists, logopedists and a psychomotor reeducator constitute the team. Students in the various fields assist as aides for intership credit.

Approach

The name 'Clairival', or 'double' life, reflects this center's focus on

a 'double life' approach: Clairival representing the dream or fairyland existence versus the life of reality: -- the child's daily return to his home and family. The staff's total acceptance of the child as he is unimpeded by adult needs, results in emergence of self out of the limbo of diffuse or fragmented perception.

Depending on their needs, children are placed alone with an adult in a room or in small groups. The program includes individual daily analytic play therapy sessions for each child.

The psychiatric social worker forms the link between the institute and the parents. Parent counseling and therapy sessions attempt to attenuate rigidity of relationships and to clarify underlying rejections, reactive jealousies, guilt, anxieties.

Conversation with the professionals and observation of the children overwhelmingly testifies to the fruitfulness of such intensive early intervention.

Schulerheim Sonnehalden, Gempen Solthurn

Professor Lutz, psychiatrist in charge of the Zurich University Child Guidance Clinic, plans to open a residential school exclusively for autistic children in Autumn, 1971.

Operation

The children will live in small family groups with orthopedagogs, logopedists, occupational therapists, and psychomotor reeducators. Program will be oriented toward educational rehabilitation based on Rudolf Steiner's anthroposophic pedagogic guidelines: Id est: children gradually integrate mind and body through motor reinforced intellectual learning. (See Dutch Preventive Services: Anthoroposophic Movement)

Israel

During the relatively brief stay in Israel, investigative concentration on preventive and planning services limited study of treatment facilities. Too, programs for the handicapped preschool child have only recently been developed here.

Micha, Tel Aviv

For speech and hearing disorders, a volunteer agency, Micha -- (Hebrew initials for "Educator of deaf children") -- and the Ministry of Education coordinated efforts to establish this revolutionary non-profit service to Tel Aviv, with branches in three other major cities.

Micha accepts all referred children, up to seven years old; they fully diagnose the child's disorder; auditory training and binaural aides are used to instruct and develop the children in speech and hearing.

At the teachers' college, trainees participate in a special program, planned by the Micha regular staff and the Ministry of Education. The center provides students in the program with observation and training opportunities, while similarly accomodating those studying speech therapy and audiology.

Arab teachers, too, receive special training at Micah so that like centers can be set up in the Arab regions.

Operation

Immediately upon arrival, the child referred is loaned an appropriate hearing aid. Two to four year olds in groups of eight or nine attend individualized lessons two days a week at the center's nursery school. On the other four days they go to regular nursery class close to their respective homes.

At age four to five, the children enter 'intergrated' public kindergarten. Approximately one-third of the children in these relatively small groups are deaf; one of each class's two teachers is a special student sponsored by the Micha program.

The final action by the center with each child involves recommendations for school placement. Of twenty-one 'graduates' in 1970, fourteen went to special units and seven entered normal-hearing classes. Due to the non-selective admission policy, factors other than auditory and speech consideration such as intellectual deficit, emotional maladjustment, or neurological impairment frequently contribute to the decision.

Parents

The center demands active parent participation. If parental deficiency, sensory, cultural or linguistic precludes involvement, 'volunteer mothers' work with the child. Twelve to fourteen evening sessions include lectures by staff and consultants as well as panels of children's parents. From these shared experiences, newly participating parents gain confidence and encouragement. Social workers visit homes to provide assistance and gain insight into the family interactions.

Holland

General Considerations

All publicly operated schools for the physically handicapped child receive subsidization from the Dutch Ministry of Education, Special Education Division, whose scope also encompasses special public schools for the care of behaviorally disturbed children.

The number of institutions maintained in the Netherlands for 'the benefit of the handicapped' is astounding, especially considering the policy of nearly universal subsidization. At the public level every city with a population of 100,000 establishes day schools, called Mytil schools, for children aged three to twenty years. Two thousand physically handicapped young people attend thirty of these institutions. The myriad privately incorporated establishments also caring for the handicapped cannot be overlooked.

The Department of Health subsidizes twenty thousand privately incorporated child care centers for the severely emotionally disturbed child; including orthopedagogic rehabilitative resident homes for convalescent and psychosomatically disturbed children or centers for pre- or psychotic children. According to several experts in the field, only about two hundred of these institutions even approach professional adequacy.

Treatment Facilities for Physically Handicapped

Mytil Schools

The public Mytil schools for the physically handicapped child of average or superior intelligence differ significantly from their Swiss counterparts. Where the Swiss emphasize rehabilitation, with highly specialized staff, e.g. exclusively for cerebral palsy; the Dutch centers include a heterogenous group of severely afflicted children, often terminally diseased with muscular dystrophy, multiple schelerosis, or spina bifida in addition to cerebral palsied children.

Physical Setup:

Facilities are susually spacious and modern with workshops, much outdoor apace, specially equipped gyms, and a nearby swimming pool.

Staff:

The staff for a typical school of about sixty-seven children consists of six diplomed teachers; three physical therapists, working individually using Bobath Method with cerebral palsy children, four assistant educators for assistance with physical details and between school-hours supervision, a special physical education teacher, a psychologist two half days a week, a psychiatrist once a month, a rehabilitative physician one-half day each week and a pediatrician one day every two weeks.

Function:

These schools' goals vary from rare reintegration into normal schools or special classes, to simply nurturing and sustaining the child's meaningfulness of existence to the last moment.

Effatha, Vorberg

The Netherlands has been a trailblazer in the education of the hard-of-hearing and deaf children. Earliest vocational training is encouraged in order to ready these youngsters for active participation in their respective communities as self-supporting citizens.

There exist five major institutions serving the deaf. Effatha is a non-profit resident and day school, supported by the Protestant Christ Church.

Admissions:

This school accepts children aged three to eighteen years, either totally deaf, partially deaf due to neurological defects, or those with minor hearing deficits - the latter on a temporary training basis. Because their homes are too distant for commuting, a hundred sixty children live in, while buses bring another hundred and sixty children daily to the school.

Program:

For the duration of their first year, the three to four year olds have steady teachers. They start kindergarten at nine in the morning and work right through until three o'clock in the afternoon. In addition, the logopedist works individually with each kindergarten child every day.

To develop speech, terapists work intensely with preschool children. Kindergarten includes much specific auditory training and lip reading.

Too, these children are particularly stimulated cognitive-perceptively and for sensory-motor development. Encouragement of free creative play balances the intense concentration required of the children during their speech training.

As part of their home economics training program, the older girls, fifteen to eighteen years assist one afternoon a week with kindergarten activities. Boys undergo vocational workshop orientation at that same age level.

Viewing both modernity of equipment and competence of staff, Effatha represents a first-rate rehabilitative program.

The Krabbebossen, Rijsbergen

The Catholic-operated residential medico-pedagogic home, the Krabbebossen, one hundred percent Department of Health subsidized, serves children suffering from minor physical or emotional handicaps: psychosomatic disorders, light motor impediments, speech, hearing, or sight defects, or convalescent children.

Referrals:

Pediatricians, child guidance clinics, hospitals, and the Department of Health refer children one through seven years old of average or superior intelligence.

Staff:

The professional staff includes the director, (certified teacher and pediatric R.N.) She supervises student aide training in addition to administrative functions; a full-time pediatrician; a chief psychologist one-and-a half days a week for psycho-therapy with the children; a full-time assistant psychologist for diagnostic testing and daily consultation with student aides; One full-time orthopedagog who counsels parents in preparation for the child's return home; a half-time social worker in charge of progress reports to the referring doctors and agencies, as well as serving as consultant to students, a logopedist, and a half-time physical therpist.

Facilities:

On the wooded grounds of the Krabbebossen, forty-five children, ages one to three years, and eighty children four to seven years old occupy the two spacious, modern buildings, one for each age level. These older children attend classes in a separate school pavilion. For the younger children, the Krabbebossen maintains three playrooms, each designed to handle twelve to fifteen children.

Operation:

In addition to rehabilitative function, the institute serves as a training unit similar to the Swiss and Israeli Kinderflegerin and metapelet programs. Each student nurse assumes responsibility for five children, under direct supervision of a trained pediatric nurse (one trained nurse per unit of about twelve - fifteen children). A special nursery school teacher works on an individual basis with the younger children to ensure meeting their developmental and emotional needs. Older children attend the separate kindergarten in the school pavilion five half-days a week, forty to a session, under the supervision of a head teacher (certified) and two students.

One arrangement in the Krabbebossen left me with some reservations: only at bedtime does the staff allow the children upstairs to their second floor sleeping quarters: six glassed-off, silent rooms, with sterile white walls and carefully spaced head to head beds. The children are washed, fed, and even told their bedtime story before going upstairs. 'Living' and 'sleeping' time are thus sternly separated. It comes then as no great surprise that many resist going to sleep with overt fearful reactions.

Basically, the Krabbebossen successfully emphasizes individualized response to the child. However, this absolute approach to sleep conveys a feeling of rigidity and regimentation which contrasts harshly with the general atmosphere.

Residential Center, Rotterdam, Professor Zeha:

In Rotterdam, Professor Zeha directs a residential center receiving children abandoned as psychologically hopeless cases. At the time of this investigation, the center served twenty-four children, divided into three groups, aged five to thirteen years, with backgrounds of brutal envioronmental interference in their growing up.

Staff:

Professor Zeha directs and administers the center, as well as co-ordinating all staff conferences. A logopedist and a pediatrician consult once a week. A Psychologist performs tests and offers consultation to leaders on a half-time basis. Two social workers counsel intensively with parents, to the point of offering therapeutic sessions in parents' homes, when encountering parental resistance to participation in the center's rehabilitative functions.

Nine leaders, three per group, work rotating shifts, A degree alone does not determine selection; rather acceptance to the staff depends on the candidate's motivation and value system. The leader's professional backgrounds vary: -- they are teachers, psychiatric students, psychologists, social workers, psychiatric nurses, etc.

Operation:

Each of the children's groups has its own living quarters: two rooms, one for active, projective play, one for quiet activity. Each group decorates and arranges their rooms in accordance with the leaders' and children's concerted decision. Bedrooms are separate and in small groupings.

Three specially trained orthopedagogs conduct remedial education classes. Two art therapists lead individual and group art, drama, and musical endeavors.

A feeling of unreserved acceptance pervades this residential center; however, limits against destructive action to self or others are absolutely enforced.

The secret of this home's success apparently lies in the comprehensive intrastaff communication. Frequent and regular total conferences and in subgroups are held with the tremendously astute nonauthoritarian participation of Professor Zeha, the director.

Curium, Oegsteed

Dr. van Kravenlang administers this psychiatric residential home. It serves twenty-five children (four to eighteen years old, average and above average intelligence) evidencing serious behavioural disturbances, neurological or psychological based or both. The children reside at Curium for one to three years.

Staff:

The psychiatrist-director consults three days a week administratively,

dealing mainly with admissions and discharge. A housemother and assistant take charge of every-day living routines. Three one-quarter time psychologists conduct therapy with the children. A full-time supervisor (psychology student) functions as a mediator between the children and the adult world. Tow psychiatric social work students contact and communicate with the parents. A self-trained art therapist with some specialized training conducts art-therapy sessions.

Operation:

The children live in three age-based units: four - nine years old; nine - eleven years, and twelve to sixteen years old. In each group a leader, (appointed by the housemother) carries special responsibilities: e.g. overseeing room upkeep etc. Leaders represent the group, it's needs and feelings to the adult world by way of the supervisor.

The supervisor holds weekly meetings with each sub-group. At the individual leader meeting she discusses the leader's relationship to each child in his group, as well as the group's general interactions as the leader perceives them. The supervisor shares this communication at the staff meetings. The total staff reviews each child once every half-year.

The phenomenologically-oriented psychologists provide both group and individual verbal and play therapy. The art therapist admits therapeutic value only to direct creative non-verbal expression. The center deliberately discourages parent contact with the children.

Observing some of the younger children, who evidently were "home" from school, an atmosphere of "laissez-faire", unrelatedness, and desolate isolation prevailed. The personnel seemed insufficiently equipped emotionally as well as educationally, to translate their theories into practice. Further, this staff seems to lack the benefit of regular meaningful consultative guidance such as that offered by Professor Zeha in the Residential Center of Rotterdam.

Preventive Community Health Planning (Mental and Physical)

Pro Juventute

The prime national nonprofit organization in Switzerland concerned with community needs is Pro Juventute. It is funded by donations, private endowments, and a special stamp sale expedited by grade school children three times a year. The organization functions as a research center to pool communal needs, publishes informational and instructive reading materials for both the professional and the layman and supports all community health directed action.

Services:

Pro Juventute employs registered public health nurses specialized in infant and pediatric care for pre-and postnatal consultation both at home and in clinics. The agency offers free two week vacation programs for over-burdened mothers. These women may go to a "vacation-home" of their choice, while their families are being cared for in their absence. If they wish, they may take their children with them. Special Pflegerinnen are available at the hotels to babysit.

Homes for the single mother, with baby or small child, have been established in all major cities. The mother receives room and board in compensation for some cooperative participation in the upkeep of the home. Children are cared for while she works.

Pro Juventute also organized and instigated a program called "Action Seven" which is a volunteer workers Youth Corps (ages fourteen and up) pitching in wherever there is need within the community. The young people work individually or in groups, performing household duties, babysitting, mending, cooking, lending companionship and assistance to the aged, farmwork and working on community improvement projects, shopping for the homebound, etc. The program operates all year with time involvement ranging from a few hours a week, to several months full time.

Cantonal Youth Department, Zurich:

The cantonal youth department in Zurich works in close coordination with all family directed agencies and channelizes cross-referals. The health sub-department, subsidized by the city, receives the announcement of all births with special notations about any unusual circumstances or defects. Every first born is visited by a public health nurse and all parents are given addresses of parent workshops.

This youth service also pioneered in the area of housing. There is presently a turning away from governmentally supported low-income living quarters. Instead the socio-economically deprived receive subsidy rentals for regular apartment units where an economically stratified group of the community lives.

Ecoles Des Parents, Geneva

In Geneva a privately incorporated agency, the Ecole des Parents, subsidized by the state, leans toward communal approach, rather than traditional one-to-one therapy. Their staff is composed of psychologists, analysts and sociologists. Functions include group therapy and publications with free pamphlets distributed in schools with pedagogic guidelines.

Their most recent inclination is to discontinue with reliance on printed communication in favor of direct, relational contact. Their future plan includes "infiltration" by para-professionals of the community itself, particularly within worker's quarters. They hope to enhance verbal communication by visiting, making friends, in bistros, at street corners, in stores, on doorsteps. They plan to open bistros where they hope to introduce recreational expression, such as crafts, art, music, etc. The infiltration is planned 'non-psychological', purely communication enhancing.

Department of Education, Geneva:

The Department for the Protection of Youth under the Department of Education in Geneva has started foster parent group workshops, mixing foster parents with real parents. Real parents, however, do not meet with the foster parents of their own children. The groups discuss common problems concnerning children, as well as clarifying the problems arising out of the relational and role adjustments inherent in the transfer of the children. A group dynamics oriented psychologist leads the session.

Horgen (Projected)

At the Child Development Institute for Psychological Hygiene in Wollishofen, Zurich, Dr. Marie Meierhof, of the University of Zurich, spoke of a project two years hence, somewhat similar in physical and psychological approach to the Tel Aviv WIZO experimental wing. Dr. Meierhof, who has been a consultant to the Krippen for years and has made extensive developmental studies of these children, has directed her efforts toward improving their educational programs, while fostering greater care and response to the children's affective needs.

The new project will be subsidized by a large industrial concern, whose working population it will aim to serve. A maximum of seventy-five children, two months to seven years in age, will be grouped into small family units, consisting of six to ten children, mixed age levels. In each unit, one or two of the children will be old enough to attend public kindergarten or first grade.

The staff will include a director social worker, a diplomed baby nurse, a diplomed kindergarten-nursery school teacher, six kindergarten aides, a cook, a cleanup maid, and four students of child development or kindergarten training.

The service will be a day unit only. Parents will pay one-half percent of their monthly salary per day, withheld by the industry's financial branch.

Each group will occupy two rooms, a play and family room, and a bedroom. Two groups will share a W.C. and a small snack kitchen, where the children can do some cooking and where clean-up equipment is kept for their use. Outdoors a large enclosed courtyard will be available, outdoor play equipment and W.C.s and washbasins; in the basement one large room for painting and creative activities and a playroom for winter and rainy days will be reserved. Infants up to six months old have one common separate bedroom, older babies sleep with the others during resttime.

The approach aims to come as close as possible to a regular family setting. The experiencing of sibling living are thus present in addition

to the educative possibilities inherent in the heterogenous age grouping: encouragement of cooperative living, nurturing of protective sensibilities, natural motivational enhancement as young ones strive toward older ones' level of learning, balanced ego-development through taking turns, working things out and sharing, thus strengthening frustration tolerance. This approach would seem to combine the best in Kirppen and Horte in a manner nearest to perfection.

Israel

In Israel, the Ministry of Social Welfare has recently created a new position concerning early child care for the disadvantaged. The person in charge is a psychiatric social worker trained in America. Her five-year plan aims toward recruitment of and better qualified foster parents. She plans for dynamic foster parent sessions: -- six parents each -- with trained mental health group leaders to discuss common problems and to evolve pedagogic guidelines. Her long-term planning seeks to get away altogether from institutionalization instead to establish family style living units mixing age levels, employing specially trained staff for the position of "cottage parents", in conjunction with psychiatric consultation. The present curriculum for metapelets will be revised to improve pedagogic knowhow.

An all-out comprehensive child and family center has been initiated in Jerusalem in 1969; it is sponsored by Hadassah, the Malpem Labor Party, the Municipality of Jerusalem and the Ministry of Health. Its staff consists of an administrative director, one pediatrician, four psychologists; one chief clinical psychologist; one mother-child relations specialist, one orthopedagog and one infant and child testing specialist; one social worker, and a public health nurse.

The center envisions service on three coordinated levels:

1. As a research and information center: All pre- and post-natal baby welfare clinics, social welfare agencies and hospitals will forward registries of mothers who are in risk of giving birth to a handicapped child listing predisposing genetic and/or environmental factors. Diagnostic testing -- physical, psychological interview will be administered before and after birth at this clinic or by consultative service.

2. Intervention techniques will be studied and assessed concerning family intervention, child care and institutional care. Longitudinal studies will be conducted. Reports of these findings and expert consultation will be made available to all concerned professionals, child agencies, educational programs, and hospitals in the community.

3. All information about a given family gleaned from this center and other agencies, clinics, and professionals in touch with them, will be evaluated and synchronized. The best suited agency and/or professionals to meet their needs will then be selected. Thus, overlap and duplication of services will be reduced to a minimum. Since their opening year, October 1970 through March, 1971, two hundred referrals were received and served from four substations. The center works on a non-denominational culturally integrated basis. It is to be the model for other units, covering regionally all of Israel's populace.

Holland

In Holland I came across two significant programs directed toward preventive community health planning.

Catholic Social Service Center, den Haag (the Hague)

The Catholic Social Service Center of the Hague extends, among other services offered, training for par-professionals to function in varied community centers and social groups. Information about this new approach to improve community mental health is disseminated widely through the churches, their related organizations and the schools. Some parents become interested in such training session after having gone through group-therapy experience at the child-guidance unit of this center.

Selection of Trainees:

Selection is based on two major qualifications: a) empathy potential and b) concreteness potential, id est, the ability to speak in concrete terms about one's feelings and problems. Self-evaluative questionnaires are used in the screening process.

Training Sessions:

Initially trainers focus on the creation of group cohesion, building up of cohesion and trust. For the remainder of the seven training sessions, conducted over a half year period by two sociologists, the leaders endeavor to enhance the individual's choice range.

The trainer uses polarity of extremes to broaden this choice potential. Psychodrama with participatory role playing by the trainees and trainers alike is used when solidarity of the group has been established. Frequent switching of roles by the same person to enact his opponent is demanded.

After each session, self-evaluative questionnaires assess progress in the overall goals: empathy and concreteness aspects, reduction of defensiveness, increased dialog instead of monolog are the criteria. Also, the participants share with each other at the end of each session how they perceive their interrelations.

After termination of these training sessions, participants become co-leaders of the professionals and in due time go out into the community and their organizations or informal friends' circles, youth and other social groups, conducting similar workshops with consultation from the center when needed. The ultimate goal is to gradually create a true <u>community</u> of men. Sociologists in charge are extensively -- theoretically and didactically -- prepared for the task, with much experience in diversified group leadership.

Netherlands Child Guidance Institute

Another revolutionary Dutch endeavor in the field of mental health relating to early child development specifically, originates with Dr. van Meur, director of the Netherlands Child Guidance Institute. This institute has abandoned all guidance functions in favor of surveying and analysing early child care needs and how to meet them. Dr. van Meur and his staff felt stymied in their effectiveness. The child guidance clientele in Holland is restricted to upper-middle class grade school level children.

Now, through this organization mental health consultation is extended only to child specialists in the community such as pediatricians, family doctors, maternity and well baby clinics, child care agencies, nursery schools and day care centers.

Two pilot consultation centers have been established. The one functions with a team composed of a psychiatrist, a pediatrician, a public health nurse and a psychologist, the other with a pediatrician, social worker, and psychologist. In due time, the relative acceptance and effectiveness of each respective team will be evaluated for further recommendations.

Summary and Conclusion

Preventive Services

Trends:

Maintenance and/or reintegration of the natural family unit is the focal emphasis in all three countries. This deliberation has led to the turning from large scale residential to daycare services. Increased awareness of the importance of early child developmental stimulation has changed the former custodial care approach into meeting individual maturational needs. One of the most imminent problems arising, the question of adequacy of staff as regards training and adult-child ratio has been approached in like manner by the three countries.

Solutions:

By instituting on the job training programs in the larger daycare centers, a more stable personnel is insured. Most of the programs cover a two year period, with some requiring additional internships for certification.

Switzerland excels from the point of view pedagogy (particularly at the Kindergarden level). Holland has developed and enhanced the possibilities of staff-student communication, thus promoting psychological awareness. This para-professional training includes able, and gifted young women, who for one reason or another are unable to attend prolonged academic studies, but are vitally motivated to work with young children. It can and does involve married women and mothers as well. Seen from this vantage point, it is a project of community health planning, since it ideally prepares these women for their roles as mothers. Most training programs are in the throes of revamping curriculae. "Avant-garde" units such as the Geneva Ecole des Jardinieres with the Creche D'Astere, the Kabouterhous of Amsterdam, set the pace for what can be done.

The reduction in number of children per group, with autonomous leadership by each Pflegerin (Netherlands) as well as the pilot projects in family style daycare (Switzerland, Israel) represent another step forward to a more natural enviornment.

Advantages of novel approaches:

(1) With the small groupings individualized responding and lessening of over-stimulation are insured.

(2) Motivation of the leaders is enhanced because of their autonomous function.

(3) Relationships are deepened, security feelings are strengthened, within the intimacy of such close family living.

(4) Sibling rivalry can test itself out, but also cooperative and protective feelings are developed with the heterogenous age grouping thus promoting balanced egoconcept.

(5) The near or total government subsidy of all preventive services in the three countries provides the essential basis for sustaining and innovating their programs.

Treatment Services:

General considerations:

Treatment services for handicapped preschool children extend consultation or counseling primarily to the involved parents in all three countries visited. When active child intervention is advised, the young physically handicapped child receives treatment in group settings to enhance socialization whereas the emotionally disturbed child is treated individually.

Services:

The Service-Medico-Pedagogique (SMP) in Geneva epitomizes inclusive coordination of handicapped children's services (physical and mental). Its multidisciplinary approach checks onesided interpretation and enhances effectiveness.

Psychomotor reeducation represents a novel valuable therapeutic technique developed and utilized by SMP. It seeks integration of Body and Mind through mobile exploration and orientation in space and time. Another revolutionary service instigated by SMP, the daycare home Clairival in Geneva, intervenes with dynamic psycho-therapy, short of institutionalization, for the severely emotionally disturbed young child.

In Zurich, the pioneering projects of Sprachheil - and C P Kindergardens add meaningful dimensions to public education. Instead of continuation with traditional individual speech - and CP therapy programs, these children are channelized into public kindergardens. The orthopedagogs offer intensive rehabilitative training, patterend after regular kindergarden procedure. The goal is to reintegrate the child into normal classes.

The Micha offerings for deaf children in Israel, though privately operated, follows the same guidelines. In addition to its direct service to the afflicted child, it involves the parents as partners in the reeducative process. Micha also provides pioneer training and consultation for professionals and students in the field.

Community Planning:

The need for coordinated planning to prevent mutiplicity and overlap of services has resulted in concentrated planning for improved community health in the three countries.

The child and family center in Jerusalem sets precedence in this respect, being the most extensive in scope. Like its Swiss counterpart organization, Pro Juventute, and The Netherland's Child Guidance Institute, it correlates agencies and services and therapeutically intervenes on a consultative basis. In addition the Israel center operates as a research oriented preventive center to spotlight potential family handicaps from before, during and after birth.

The limited ability to positively influence communal living on a large scale has spurred development of altogether new approaches: Community infiltration by mental health para-professionals exemplifies such attempts (Ecole des parents, Geneva and Catholic Social Service Center, The Hague: group dynamics.)

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